



Consent and Rights to provide services and release information to referring party (TDFPS-Insurances)

You (the client) have been referred to A. S. &J. Counseling & Consulting, Inc. (ASJ) for psychosocial assessment and/or counseling by self-referral, the Texas Department of Family & Protective Services (TDFPS), Court, or other entities. As part of the client’s assessment and/or counseling, his/her TDFPS caseworker and/or the Court may request information that ASJ has gathered in the services mentioned above. These services may consist of any or all of the following:

Psychosocial Assessment and/or Counseling Services.

ASJ personnel will provide these services upon signing the following statement:

“I do understand that all information that is gathered during the course of services provided by ASJ is confidential and cannot be released without the client’s consent. That being the case, there are some situations in which ASJ is legally obligated to take actions, which are deemed necessary to attempt to protect others from harm that results in having to reveal some information about the client’s treatment. These situations are unusual and occur rarely. These include:

- If there is reasonable cause to believe that a child under 18 may be an abused child or a neglected child, the law requires that a report be filed with the local office of the TDFPS. Once such a report is filed, additional information may be warranted.
- If there is reason to believe that an adult over the age of 60 living in a domestic situation has been abused or neglected in the preceding 12 months, the law requires a report be filed with the agency designated to receive such reports by the Department of Aging. Once such a report is filed, additional information may be warranted.
- If you have made a specific threat of violence against another or there is a belief of a clear, imminent risk of serious physical harm to another, ASJ may be required disclose information in order to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking your hospitalization.

If I have been referred by TDFPS, I hereby consent to all information gathered in the psychosocial assessment and counseling performed by ASJ and its subcontractors and to disclose the results of such assessment and/or counseling to TDFPS, the Court, and any other person duly authorized to receive them under the laws of the State of Texas”.

“I agree that ASJ and its agents, employees, and subcontracted mental health professionals shall not be responsible or liable to me because of the information released due to the psychosocial assessments and/or counseling required by TDFPS and/or the Court. I hereby fully release ASJ and its agents, employees, and subcontracted mental health professionals from any and all claims that I may now have or here after acquire for any lose, liability, damages, expenses, cost, demand, actions, or causes of actions arising from or relating to any such psychosocial assessment and/or counseling or the disclosure of such information to TDFPS, the Court, and or any other person duly authorized to receive them under the laws of the State of Texas”.

“I agree that *this* release shall be given full force and effect per its terms, including, but not limited to those relating to unknown and unsuspected claims, damages, and cause of action. I further agree to indemnify and hold harmless ASJ and its agents, employees, and subcontracted mental health professionals from any and all claims, losses, suits, damages, judgements, expenses, costs, and charges of every kind and nature, by reason of injuries suffered or damages caused to myself, or any person in the performance of the psychosocial assessment and/or counseling, or in the disclosure of such information.”

“These services may have been requested by my TDFPS caseworker and I understand that I may obtain a copy of any information that has been released to TDFPS from the psychosocial assessment and/or counseling by providing a written request to my TDFPS caseworker. I duly understand that ASJ is not the custodians of records and all information requests of information gathered in the course of treatment by the psychosocial assessment and/or counseling must by be petitioned to TDFPS and/or the State’s representatives.”

“I give my permission to be contacted via phone and/or text for reminders of appointments at the numbers provided.”

Phone Numbers: _____

“I understand that my Insurance Company (Medicaid) will be billed for services, if I have that insurance.”

Client Signature

Date

Printed Name